

FOR: HEALTH CARE FINANCING ADMINISTRATION

2. STATE:

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**TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ **AMENDMENT**

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.70

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ -0-

b. FFY 2001 \$ 0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 2 to
ATTACHMENT 3.1-A and 3.1-B
Page 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Supplement 2 to
ATTACHMENT 3.1-A and 3.1-B
Page 3

10. SUBJECT OF AMENDMENT:

Home Health Services

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

R.D. Shiner DEPUTY COMMISSIONER for

13. TYPED NAME:

Elizabeth S. Lawton

14. TITLE:

Commissioner

15. DATE SUBMITTED:

September 28 2000

16. RETURN TO:

Elizabeth S. Lawton
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301-3706

intervals, if medically indicated; and dispensing of eyeglasses, also at three (3) year intervals, if medically justified. Adults who have received examination since January 1, 1992 will not be eligible for reexamination until thirty-six (36) months have lapsed from the date of the last examination.

6. c. Chiropractors' services

Services consist of manual manipulation of the spine to correct a subluxation and radiological examinations related to the service. Coverage is limited to twelve (12) treatments in a twelve (12) month period. Additional treatments require prior authorization.

d. Other-practitioners' services

Psychologists: Prior authorization is required for psychotherapy after initial ten (10) sessions.

7. Home health services

a. and b. Prior authorization is required after one hundred and twenty-four (124) units of all home health services per individual in a calendar year. One visit equals one unit. A unit includes; skilled nursing, home health aide, medical social worker.

c. Medical supplies limited to Medicare limits. Equipment and appliances are not supplied by home health agencies.

8. Private Duty Nursing

Prior authorization is required.

9. Clinic Services

Services may be limited by prior authorization.

School Health Services-Personal Care

Services related to a child's physical and behavioral requirements, including assistance with eating, dressing, personal hygiene, activities of daily living, bladder and bowel requirements, use of adaptive equipment, ambulation and exercise, behavior modification, and other remedial services necessary to promote a child's ability to participate in, and benefit from, the educational setting. Services are furnished by providers who have satisfactorily completed a program for home health aides/nursing assistants, or other equivalent training, or who have appropriate background and experience in the provision of personal care or related services for individuals with a need for assistance due to physical or behavioral conditions. Providers must meet the qualifications established by the Medicaid agency and the Department of Education or the Local Education Agency (LEA). Personal Care providers must be employed or under contract with a school or school district. Personal care services are not covered when provided to recipients by their parents, including natural, adoptive and step-parents.

Services must be ordered pursuant to an Individualized Education Plan (IEP) as defined under Part B of the Individuals with Disabilities Education Act (IDEA).

School Health Services - Health Needs Assessment and Treatment Planning

Services designed to evaluate and assess a child's health needs, identify the most appropriate amount, duration and scope of health services to meet a child's health needs, and develop a plan of care to permit coordination and monitoring of services. Services are furnished by qualified providers who, based on their education, training and experience, are designated as such by the Medicaid agency and the Department of Education or the Local Education Agency (LEA).

10. Dental Services

Prior Authorization may be required for restorative/replacement procedures.